

Diagnostic Classification Center Acknowledgment of Inmate Orientation

Date: 08/19/10

Inmate Name: Leanne ParkerInmate Number: 158357**Department Inmate Handbook**

I acknowledge that I have received a Department of Corrections Inmate Handbook and an orientation as required by the **Diagnostic Center Manual 11.2.1 Section 2**.

Inmate Signature: Leanne Parker**Health Care Access**

I acknowledge that I have been advised of the provisions for unimpeded access to health care and other medical services (**DC-ADM 820**) in accordance with the Department Inmate Handbook. I acknowledge receipt of the Department of Corrections A.I.D.S Information Pamphlet and an Orientation Session as it relates to my health care.

Inmate Signature: Leanne Parker**Separation Issues**

Do you have a need for a separation from any named inmate(s) at SCI-Camp Hill, or at any other State Correctional facility? If the answer is yes, you will be expected to give your counselor the name(s) of the inmate(s) you are to be separated from and the reason for the separation.

YES

(CIRCLE ONE)

NO

Inmate Signature: Leanne Parker**Visiting Privileges**

I acknowledge that I have been advised of **Inmate Visiting Privileges (DC-ADM 812)** in accordance with the Department Inmate Handbook.

Inmate Signature: Leanne Parker**Telephone Calls**

I acknowledge that I have been advised of the **Inmate Automated Telephone System (DC-ADM 818)** in accordance with the Department Inmate Handbook.

Inmate Signature: Leanne Parker**Sexual Abuse/Assault Prevention and Intervention**

I acknowledge that I have received the orientation and training course on **Sexual Abuse/Assault Prevention and Intervention**.

Inmate Signature: Leanne ParkerStaff Signature: 0

30

DC-2A DIAGNOSTIC - CLASSIFICATION REPORT RECEPTION CHECKLIST		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS				
DC Number <u>JS 8359</u>	Name <u>PARKER, LAQUANN</u>	Location <u>CDCC</u>	Received From <u>LAN. CO</u>	Date <u>9/30/10</u>	Time	
OBSERVATION AND COMMITMENT INFORMATION						
			Yes	No		
<ol style="list-style-type: none"> 1. Obvious pain, bleeding? _____ 2. Wearing medical tag? _____ 3. Skin in poor condition (wounds, rash, vermin, swelling)? _____ 4. Wearing prostheses (artificial limb)? _____ 5. Carrying medication? _____ 6. Signs of illness (eyes glassy, bloodshot, pupils dilated or constricted)? _____ 7. Signs of possible mental disturbance (confused, anxious, disoriented, fearful, exaggerated body movements - slow or rapid, rigidity, unusually tense or suspicious)? _____ 8. Signs of possible intoxication-alcohol or drugs (rapid, shallow breathing, staggering, dizziness, tremors, thick, slurred speech)? _____ 9. Signs of possible suicide (depression, fear, scars suggest suicide attempts, history of suicide attempts/threats, expressed intent)? _____ 10. Signs of assaultiveness (verbally abusive, uncooperative, threatening, history of violence)? _____ 11. Escape history, including attempts or threats? _____ 12. Separations necessary? _____ 13. Any other problems? _____ 						
Prev. DC#s						
Observation concerning the inmate during reception processing.			KEEP INMATE SEPARATED FROM <i>No Separation</i> <i>X Laquan Parker</i>			
MEDICAL OFFICER: Perform medical screening. If not medically cleared, take appropriate action. If cleared for other housing, indicate restrictions by checking the appropriate spaces below and list any special observations to be made by officers.						
Preliminary Medical Screening Remarks						
Indicate recommended housing for initial placement following medical clearance:						
General DCC	Receiving Officer	Medical Officer	<i>Haddad</i>			
Administrative Custody	_____	_____	Signature - Receiving Officer			
Ground Floor (medical recommendation)	<u>N/A</u>	_____	Signature - Medical Officer			
Close Observation (Behavior/Medical)	_____	_____				
Protective Custody	_____	<u>N/A</u>				
Self-Confine	_____	<u>N/A</u>				
If yes is answered to the following questions, make immediate referral as indicated:		Special Observation Instructions:				
Questions Numbers 1 through 6 7 through 10 11 through 12 13		Who Medical Department Psychiatrist/Psychologist Counselor/Ranking Officer Personnel Appropriate for Stated Problem				
			Immediate Referral to			



11/18/2010 11:10:07 AM

Pennsylvania Department of Corrections
DC-43 Integrated Correctional Plan

Production

Inmate Name: PARKER, LAQUANN JAMAR

Inmate Number: JS8359

Location: J-A-2048-02

Counselor: Avaritt

Annual Review Date: 9/2011

General Expectations:

Expectation	Recommended	Comment
Act 85 (\$60.00)	11/18/2010	
COR	11/18/2010	
Maintain Medication Compliance	11/18/2010	
Maintain Personal Hygiene	11/18/2010	
Maintain positive work reports	11/18/2010	
Misconduct Free Behavior	11/18/2010	
Positive Housing Reports	11/18/2010	
Secure Forms of Identification	11/18/2010	
Vocational Education	11/18/2010	

Recommended Programs:

Program	Recommended	Recommended By	Refuses to Participate	Unsuitable for Placement
OutPatient	11/18/2010	Henry	No	No
Violence Prevention Moderate Intensity	11/18/2010	Henry	No	No

Currently Enrolled In:

Program	Facilitator	Start Date	End Date

Programs Previously Enrolled In:

Program	Evaluated By	Completion	Status

I understand that completing the Correctional Program Plan may increase, but not guarantee, my chance of paroling on my minimum sentence. I also understand that if I have been sentenced to a recidivism risk reduction incentive sentence, completing my Correctional Program Plan is one of many conditions for receiving a reduction of my minimum sentence.

Counselor's Signature/Date

Inmate's Signature/Date



DCC Psychological Assessment Report



Name: PARKER, LaQuann

Inmate#: JS8359

Closed on: 10/21/2010 4

Mental Health Stability Rating: C - Inmate is currently receiving Mental Health treatment and reports a history of treatment. Please see psychiatric information in the medical chart.

Psychiatric/Mental Health History : Inmate has a mental health history and requires mental health services and is followed by the Psychiatric Review Team (PRT).

Suicide Potential : Denies suicidal behaviors. None known at this time.

Evaluation Material :

10/15/2010	Clinical Interview
10/15/2010	DCC PA Clinical Risk Assessment (Attached)
10/15/2010	Personality Assessment Inventory (PAI)- Narrative Attached
	PSI not available at this time

TABE Reading (grade level): 3.6

WRAT3 Score: 4

BETA III Examination: IQ Score: 86
Intellectual Rating: Low Average

Institutional Risks

Suicide Behavior Risk : Not Identified

Violence Behavior Risk : Identified

Based Upon : Current Offense
DCC P-CRA Risk Factors

Predatory Behavior Risk : Identified

Based Upon : Current Offense
DCC P-CRA Risk Factors

Risk of Victimization : Identified

Based Upon : First Incarceration

First Incarceration : Yes

Support Systems : Yes

Based Upon : Clinical Interview

Comments :

Mr. Parker mentioned that he has a history of using marijuana, and that he last used two months ago. He indicated that he never participated in any substance abuse treatment programs.

Mr. Parker reported that he has been participating in mental health treatment since he was about five years old. He stated that he has been diagnosed with Bipolar Disorder, Anxiety Disorder, and ADHD, and that he has been treated with Adderall, Seroquel, Paxil, and Vistaril. He also mentioned that he has a history of hearing the voice of his deceased friend telling him "positive things" about once a month. He indicated that he last experienced these hallucinations one week ago. He denied current stress, anxiety, and depression, as well as past or current suicidal ideations.

Mr. Parker was evaluated by the psychiatrist at SCI Camp Hill shortly after reception. The diagnostic impressions offered at that time were Depression NOS and Anxiety Disorder NOS, with rule-out diagnoses of Mood Disorder and Antisocial Personality Disorder. The GAF was assessed at 50-55. He was prescribed Paxil and Vistaril.

Mr. Parker completed the PAI twice; however, the results from both attempts were invalid.

The contents of this report are confidential and the information contained in it shall not be reviewed by or shared with persons who are not members of the treatment team

Name: PARKER, Laquann

Inmate#: JS8359

Closed on: 10/21/2010 4:17:54 PM

Treatment Considerations

Institutional : Mental Health Treatment

DCC P-CRA

Risk Factors :

Direct Factors for violent re-offense

Current Violent Offender

Use of Firearm in any offense

Multiple victims

Contributory Factors for violent re-offense

Age less than 30 years old.

History of impulsivity.

School maladjustment (special education, LD, ADHD, MR, truancy, expulsion).

Family factors that include criminality and psychological problems.

General Criminogenic Factors for overall re-offense

History of Drug and Alcohol abuse and dependency.

Denial, lack of remorse, poor insight.

Unstable employment history.

Summary :

Mr. Parker reported a history of mental health treatment. He is currently being maintained on psychotropic medications, and he reports that they are effective. He will be followed by both psychology and psychiatry as therapeutically necessary.

VPI, NIM Raw, PIM Raw, ANT Raw, AGG Raw: Could not be determined, since the PAI results were invalid.

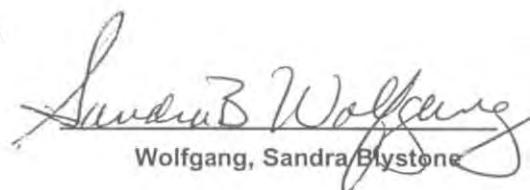
Psychological Services Specialist : Auman, Crystal M.

Licensed Psychologist Manager : Wolfgang, Sandra Blystone

License Number : PS004760-L

Date : 10/21/2010 4:17:54

Location: CAMP HILL



Wolfgang, Sandra Blystone



Beta III

Response Booklet

CA

	Year	Month	Day
Date Tested	2010	10	5
Date of Birth	1989	9	6
Age	2010	10	21

*Do not open this booklet
until you are told to do so.*

Name

Cadeo Parker JS8359

Examination Summary

	Raw Score	Scaled Score
Test 1	58	7
Test 2	13	7
Test 3	39	9
Test 4	21	9
Test 5	16	8
Sum of Scaled Scores		46
Beta IQ		86
Percentile		3.6

3.6
44
S = C

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Test 1 – Practice Problems

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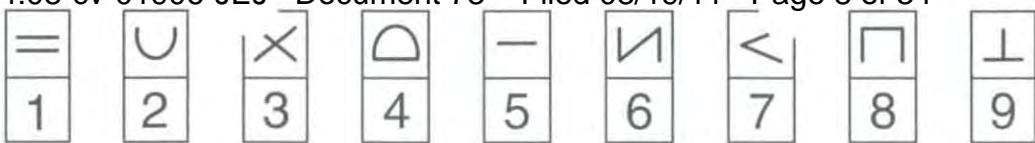
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3	4	5	4	1	4	2	4

<input type="checkbox"/>							
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STOP

Test 1



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Test 2 – Practice Problems

A.



Answer



B.



Answer



STOP

C.



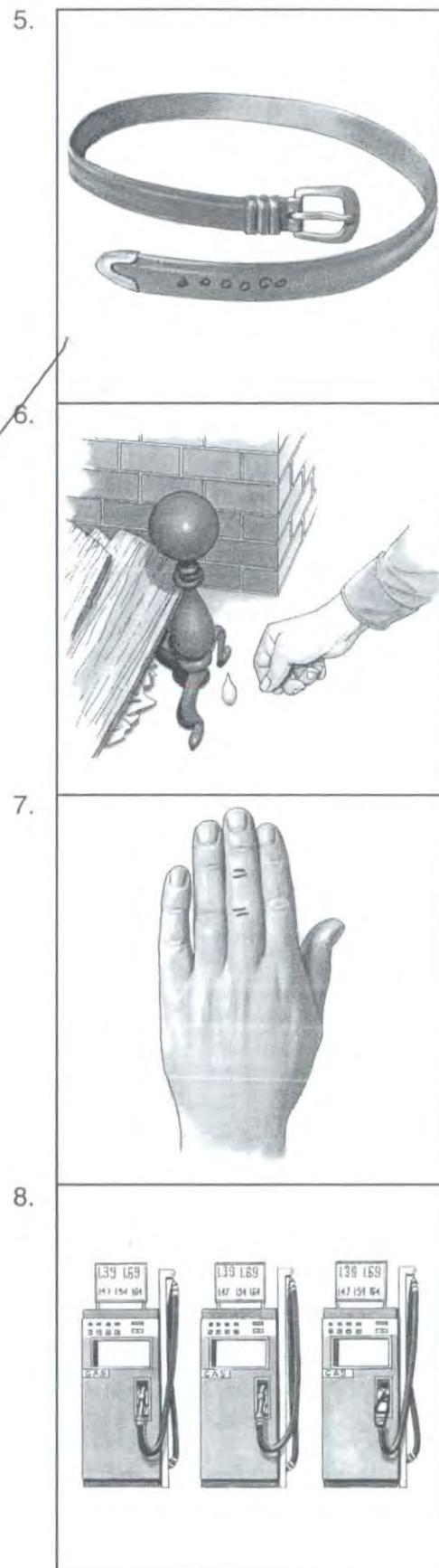
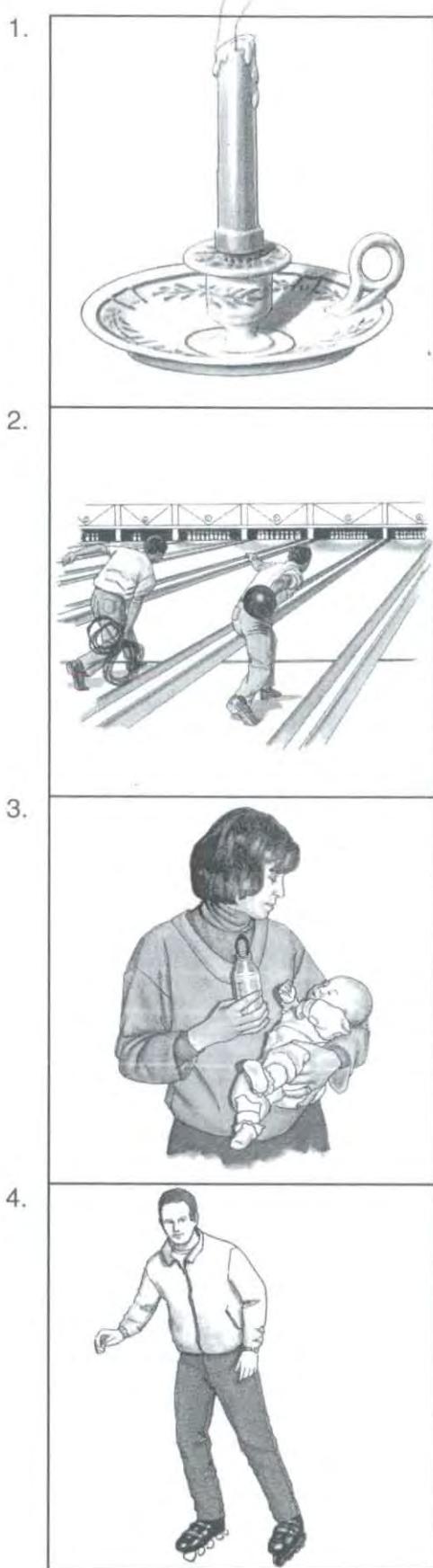
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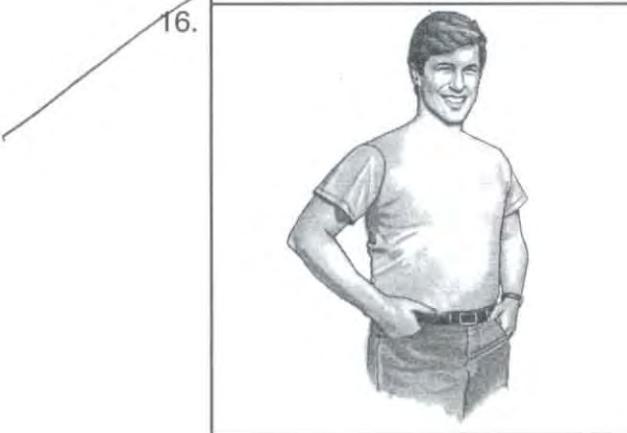
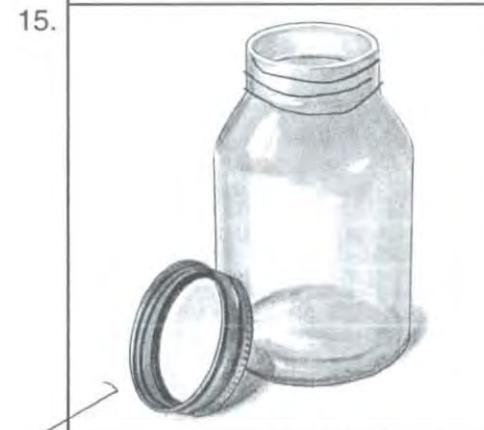
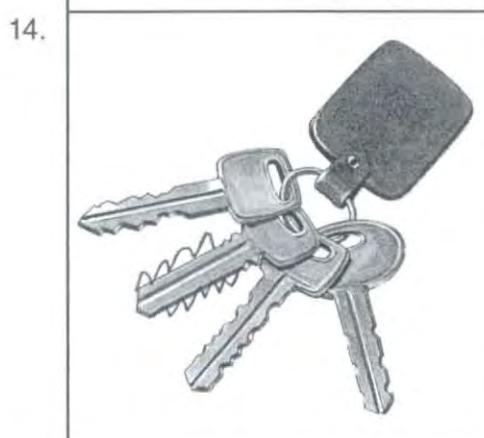
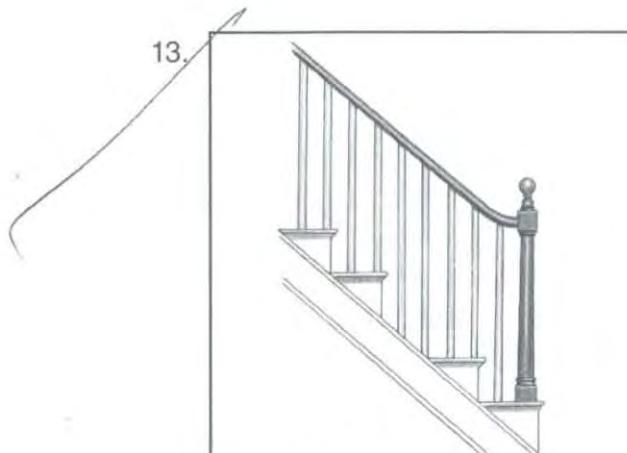
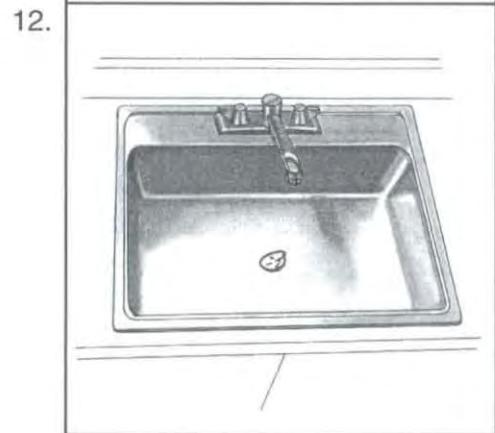
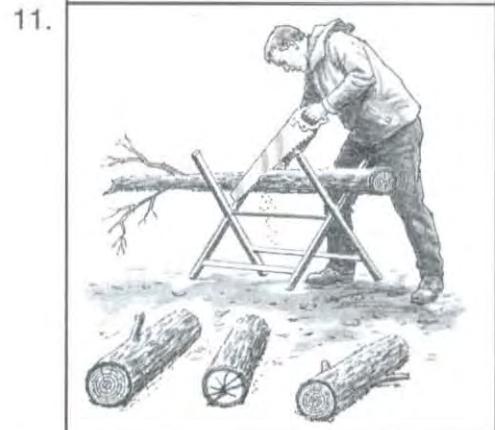
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Test 2



Test 2 (continued)

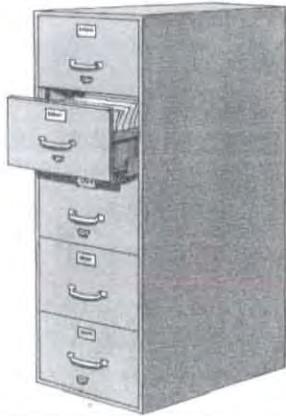


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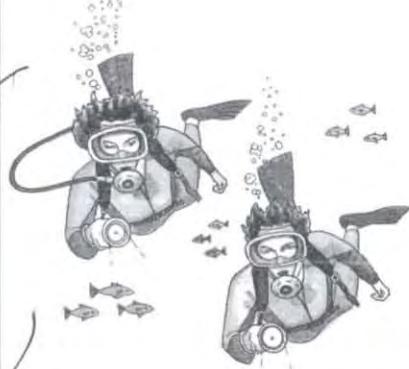
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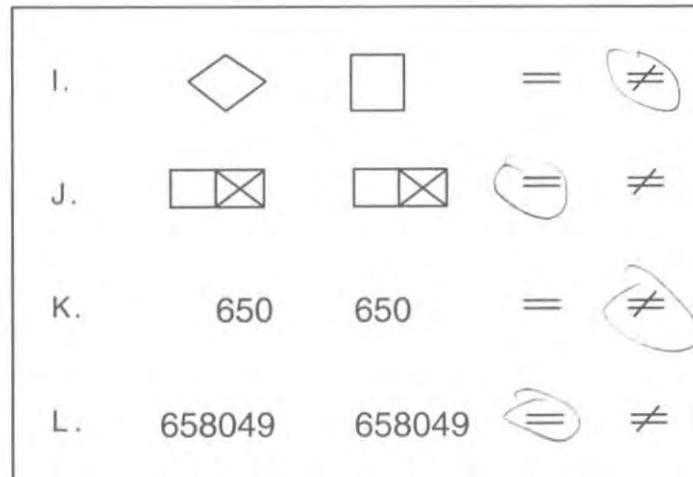
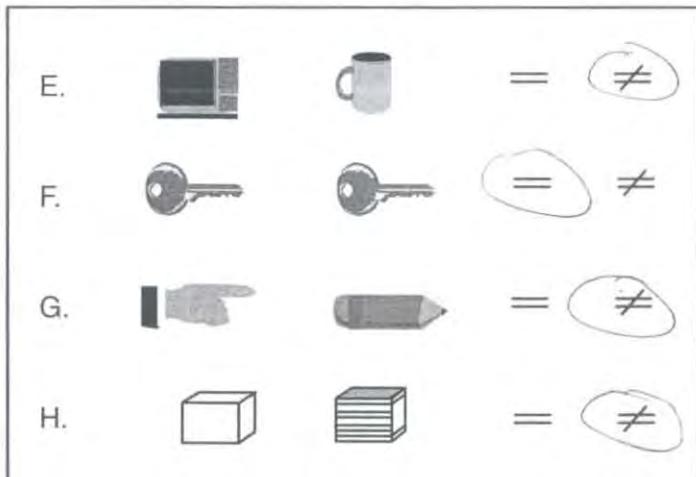
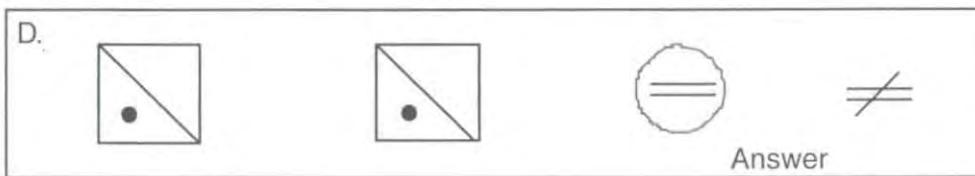
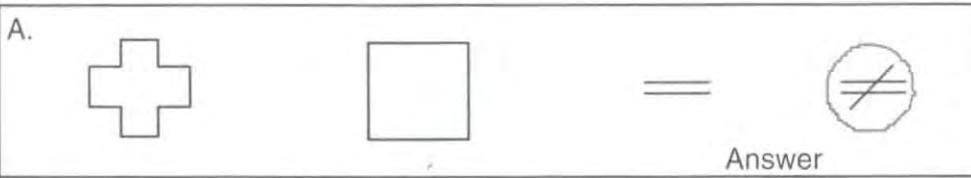


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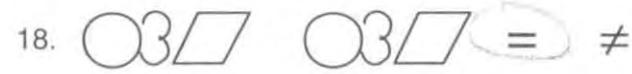
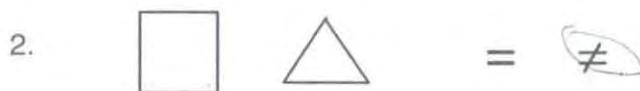


Cade001157 STOP

Test 3 – Practice problems



Test 3

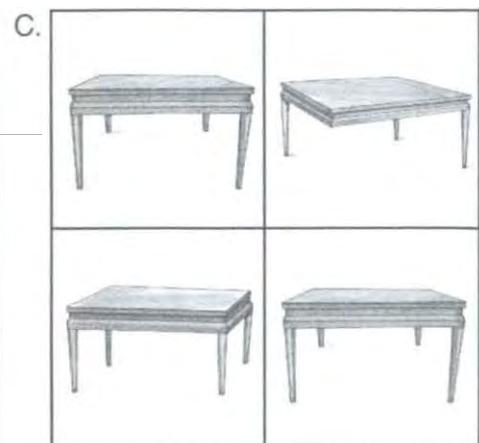
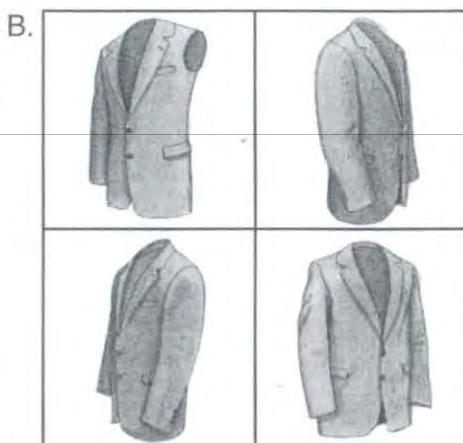
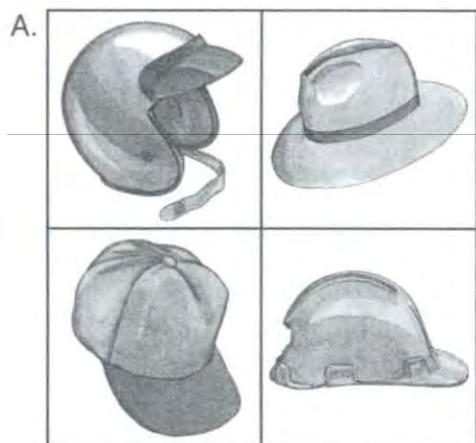


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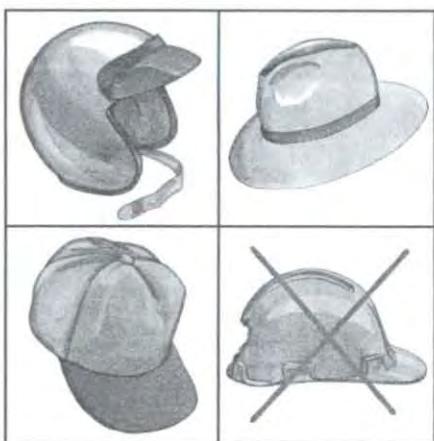
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Test 4 – Practice Problems



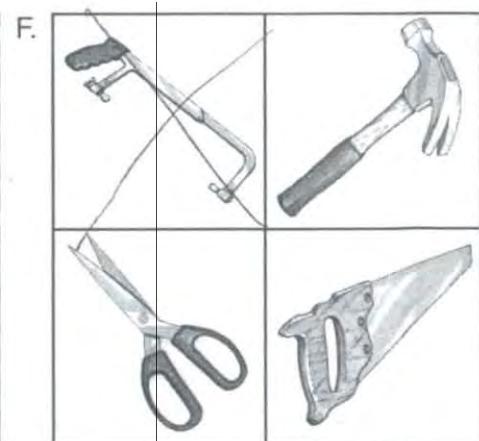
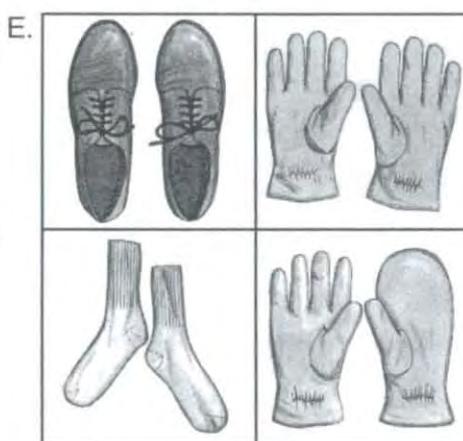
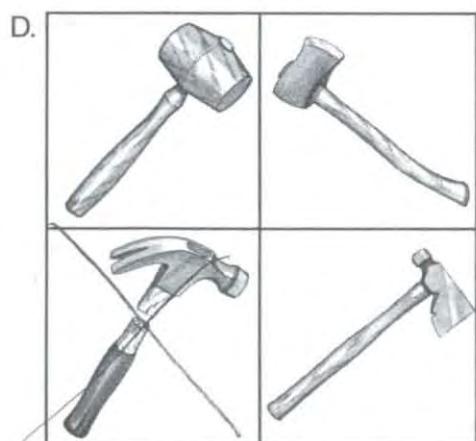
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Answer



Answer



STOP



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Test 4

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4.



2.



5.



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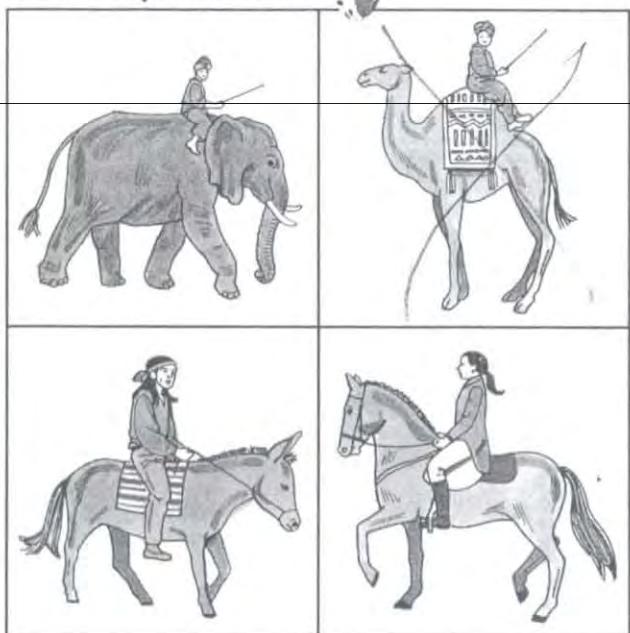


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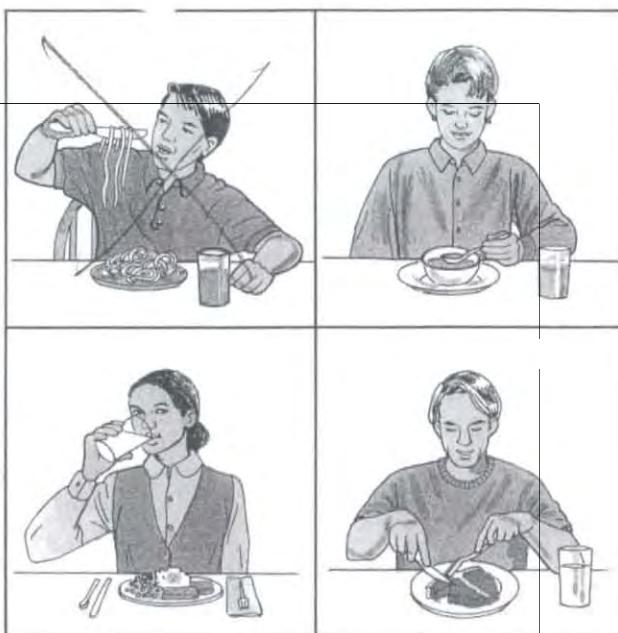


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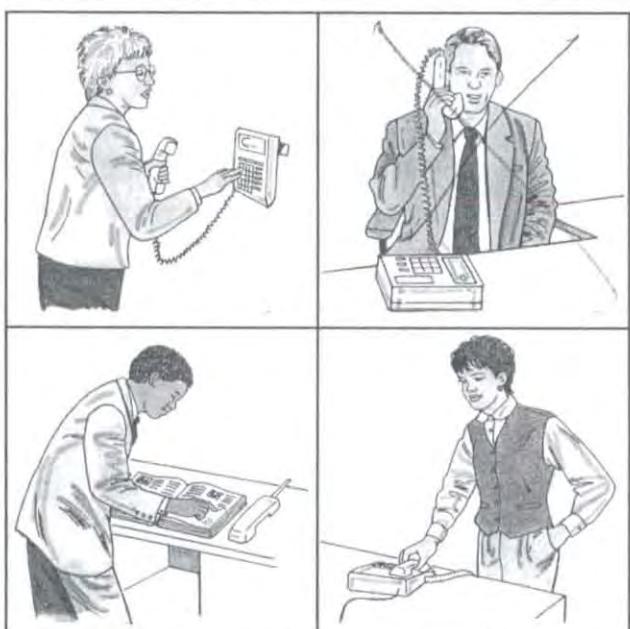
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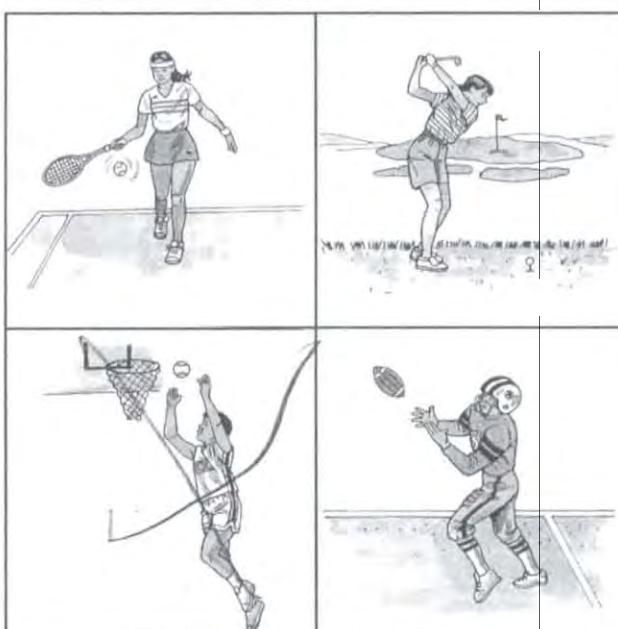
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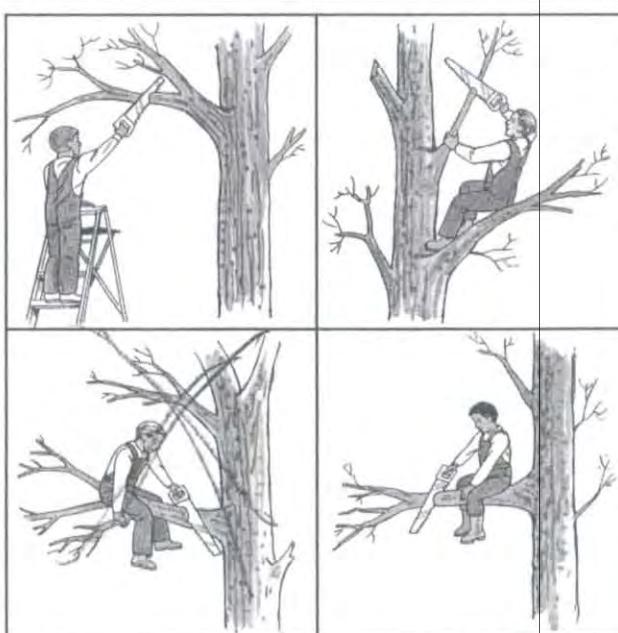
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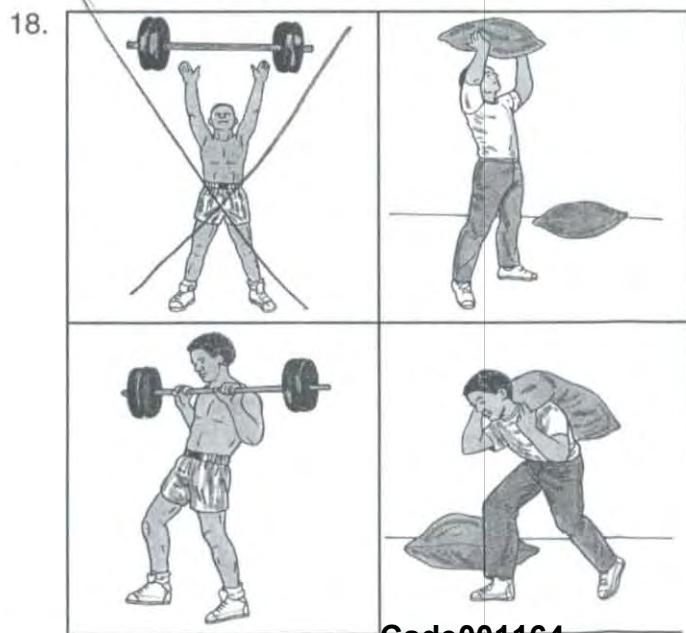
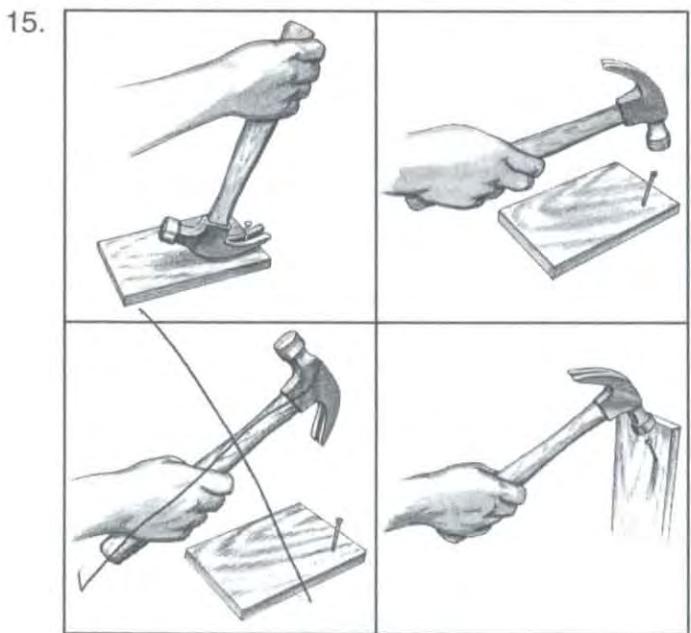
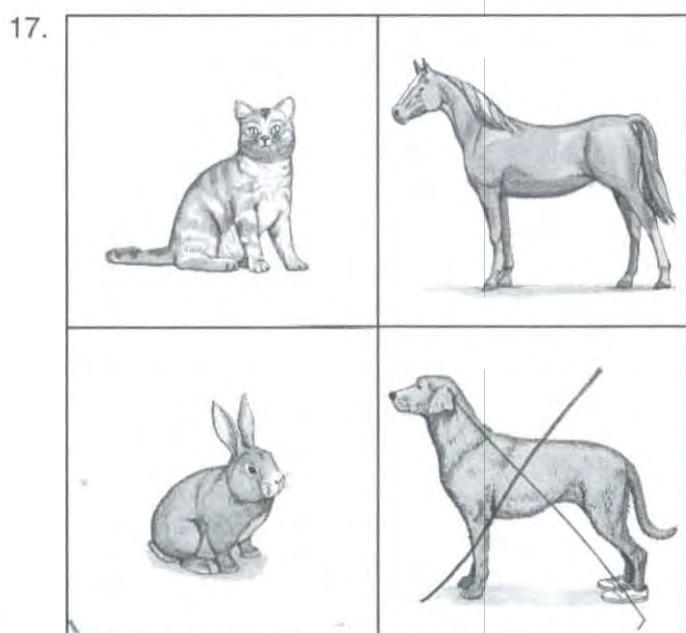
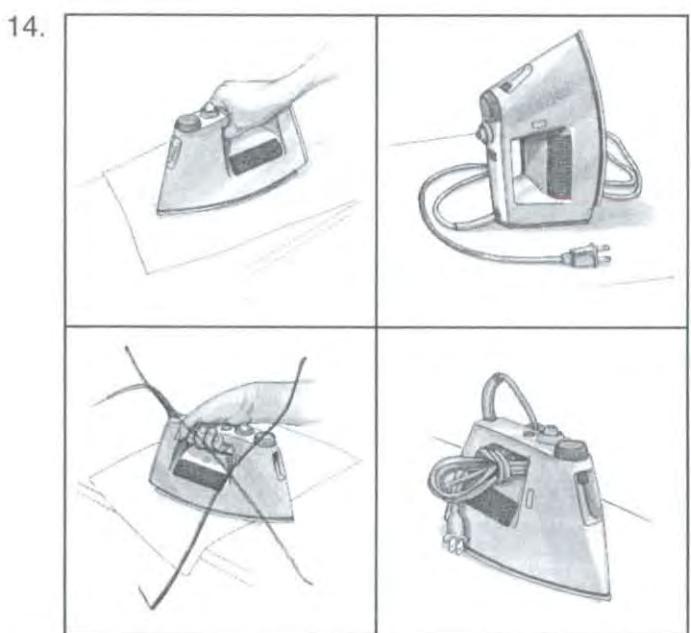
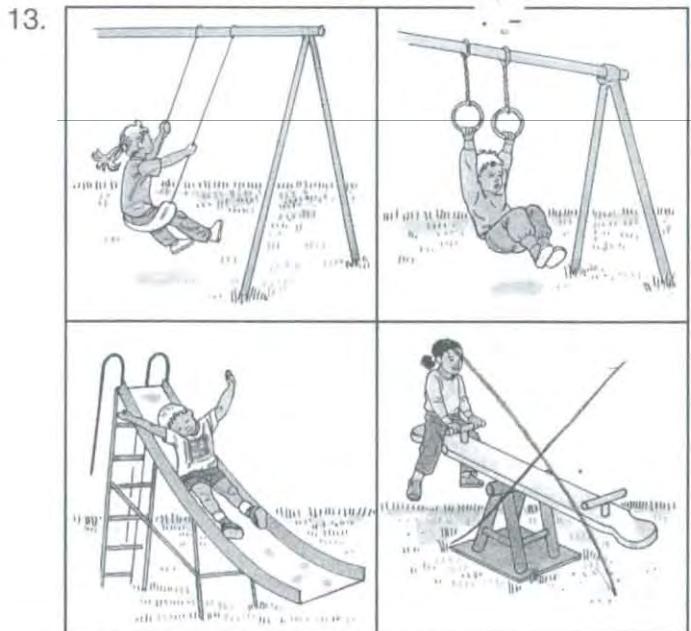


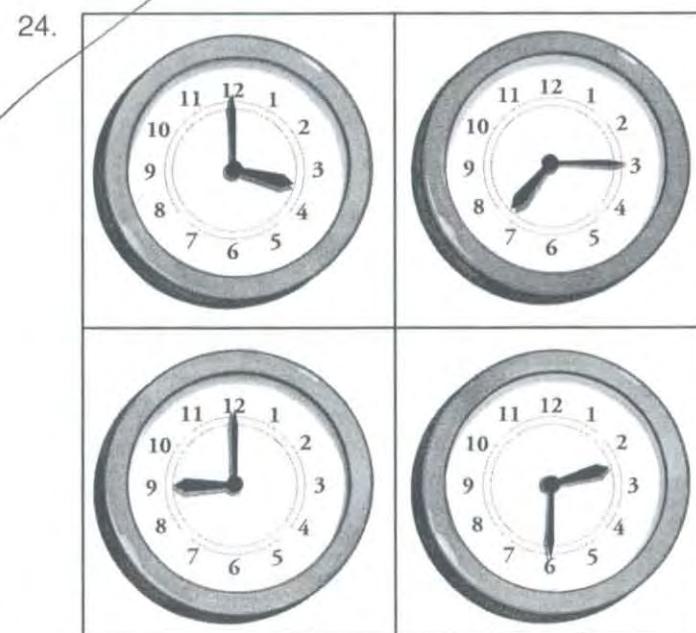
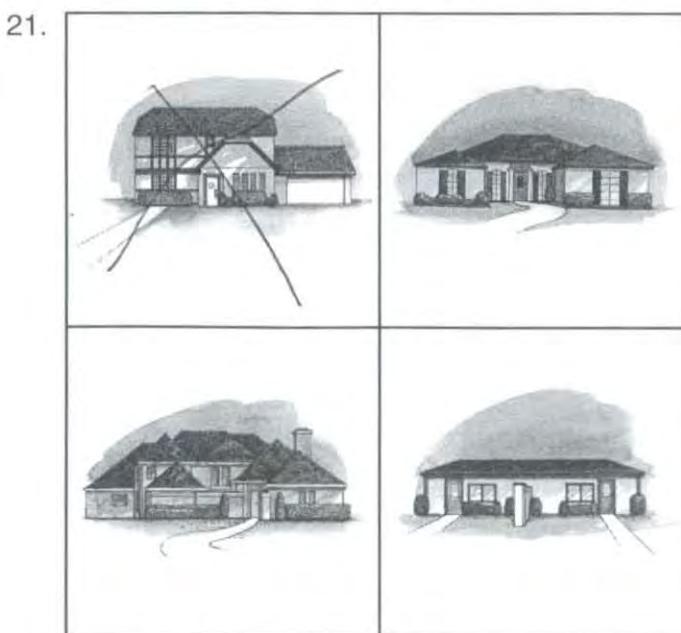
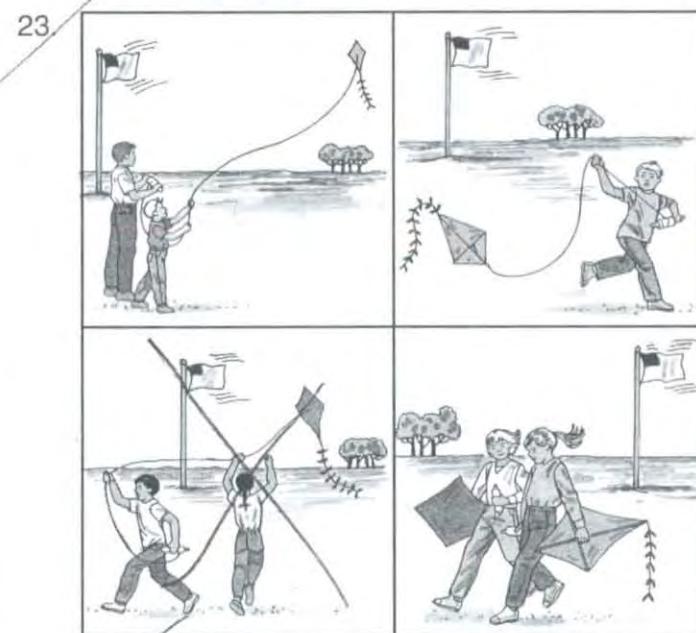
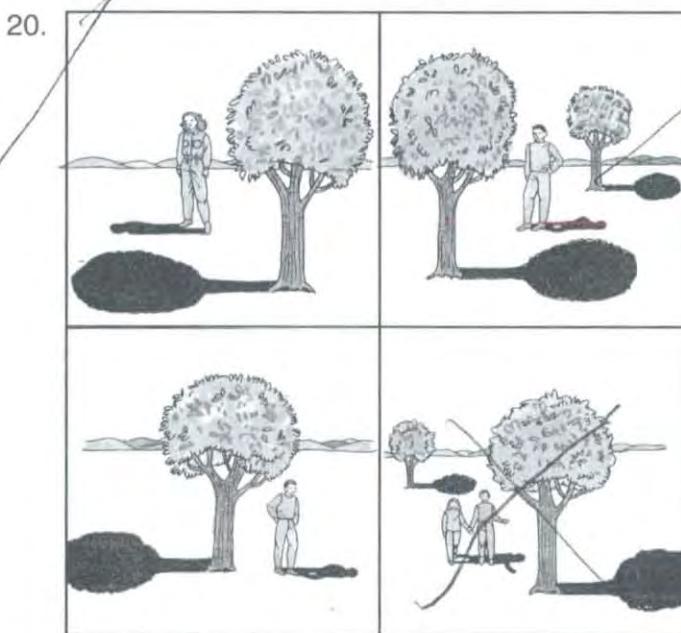
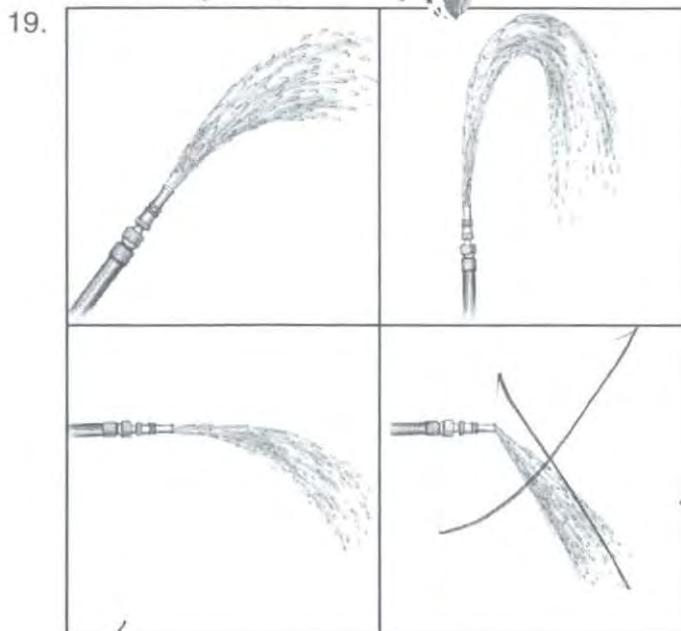
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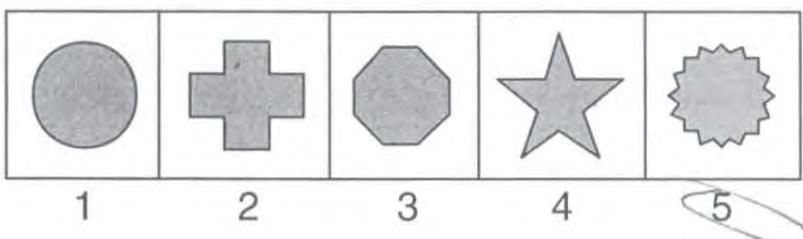
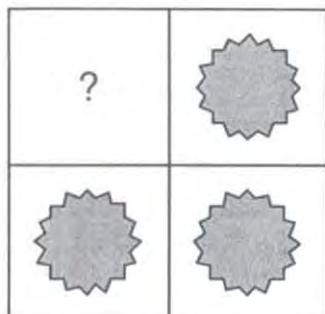






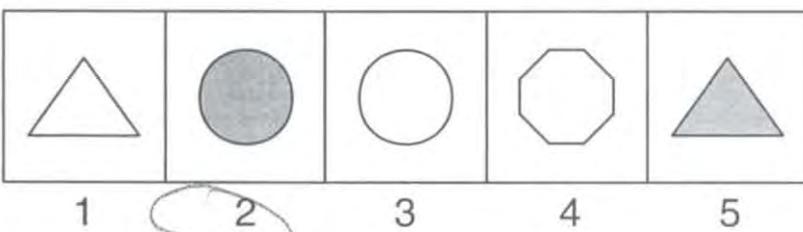
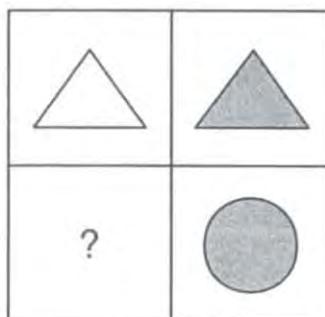
Test 5 – Practice Problems

A.



5

B.

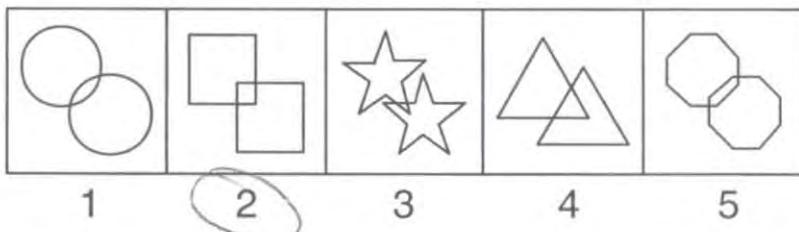
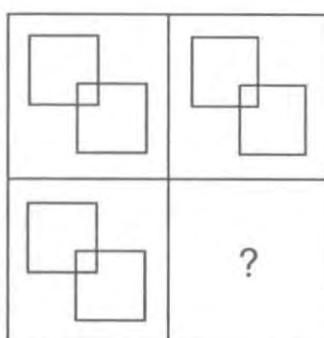


2



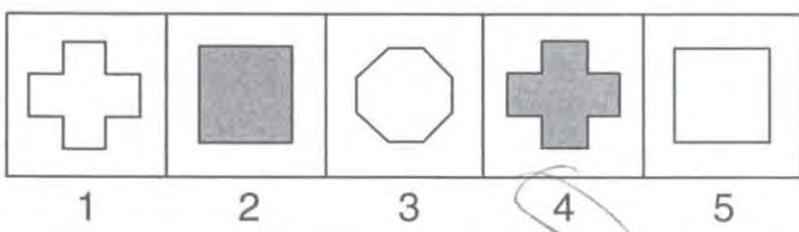
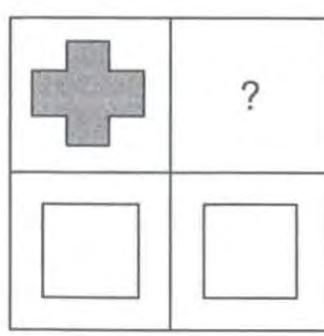
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C.

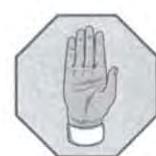


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D.



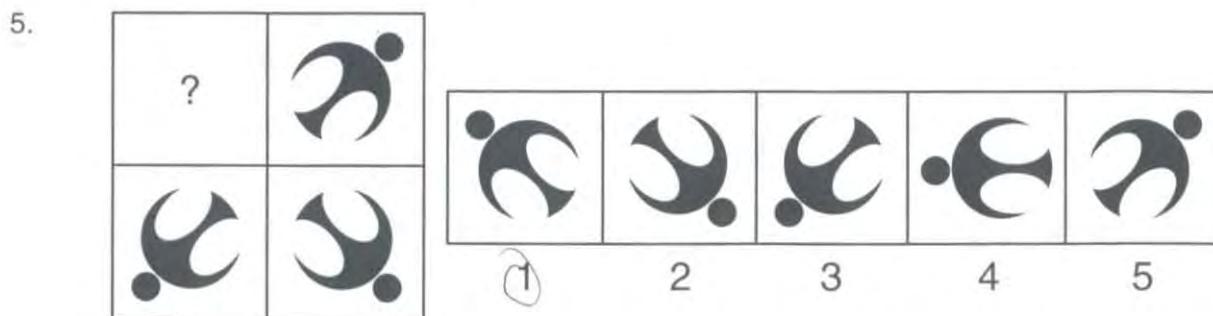
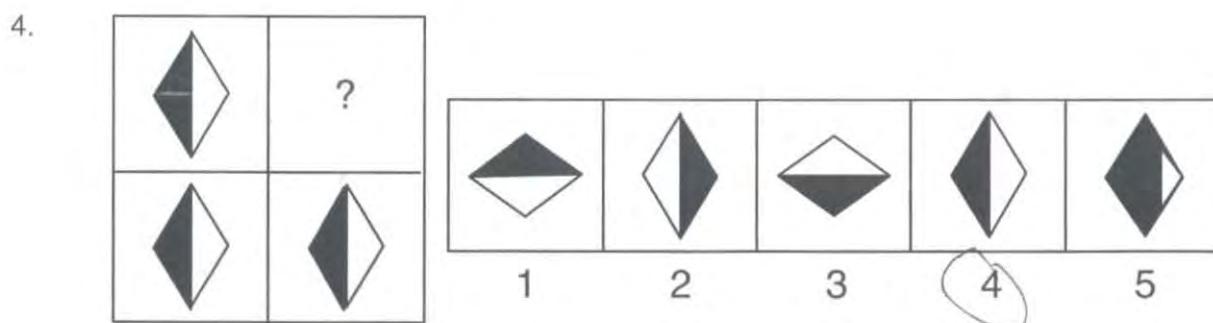
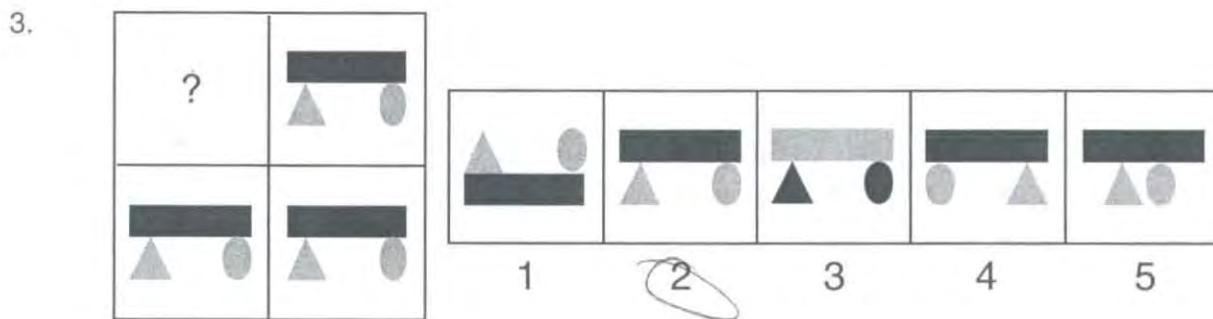
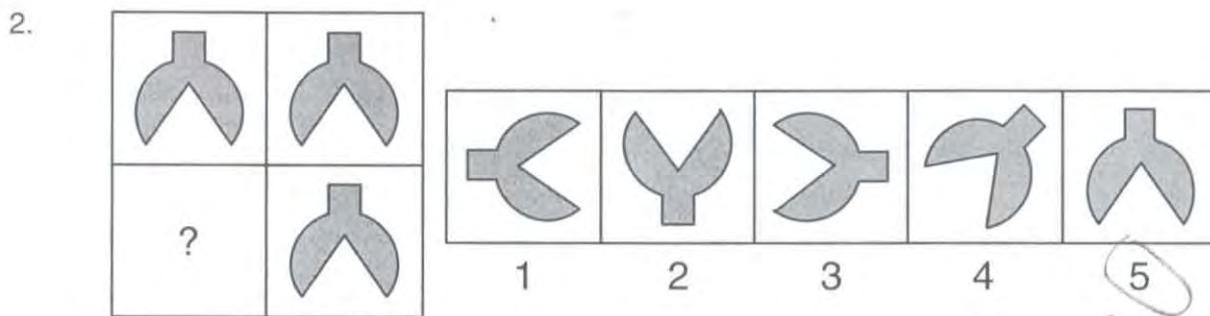
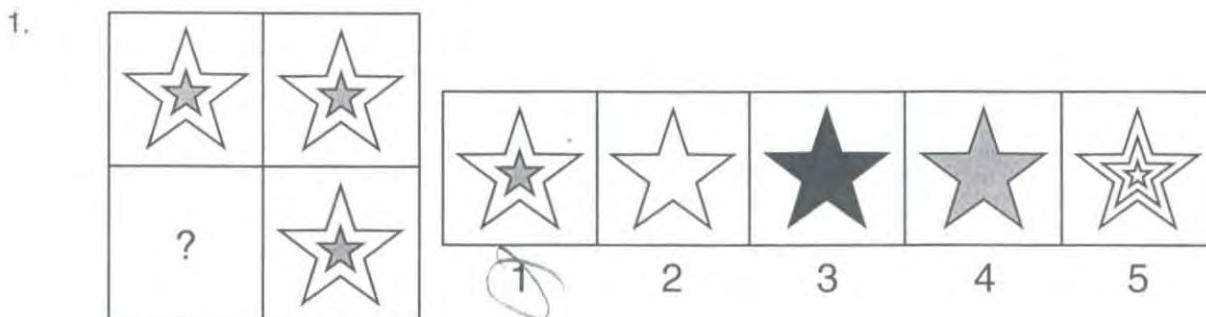
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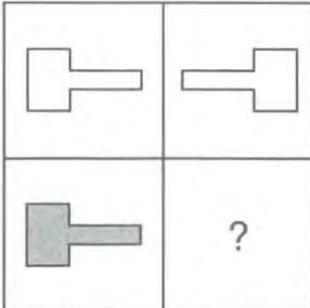
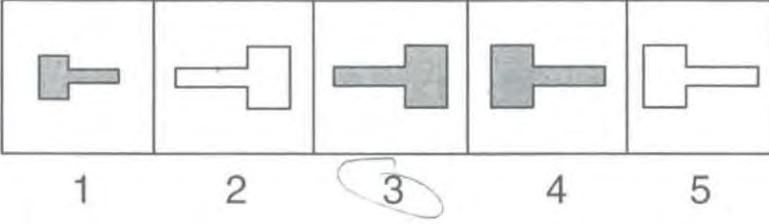
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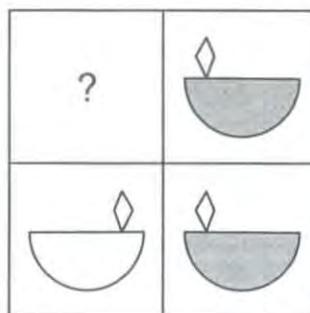
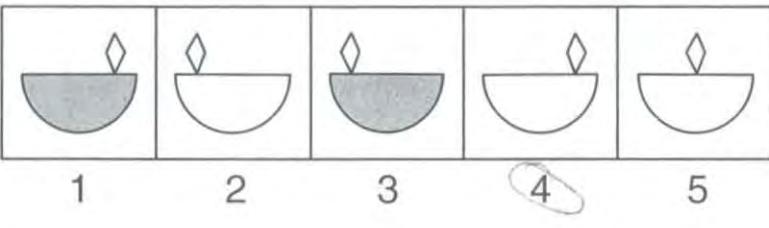
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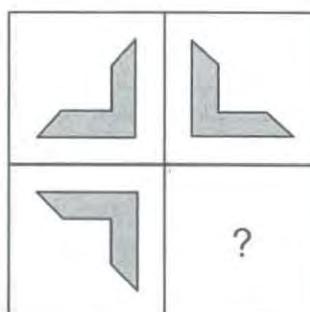
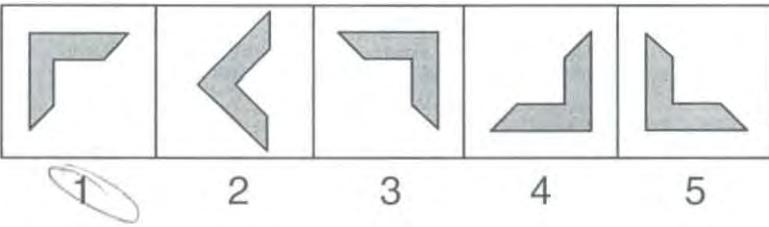
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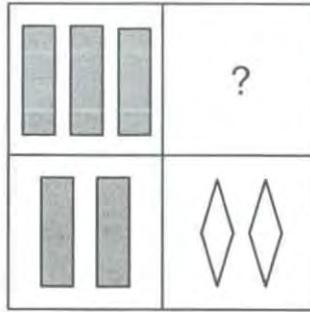
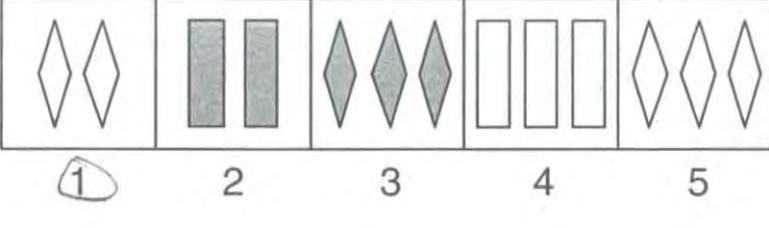


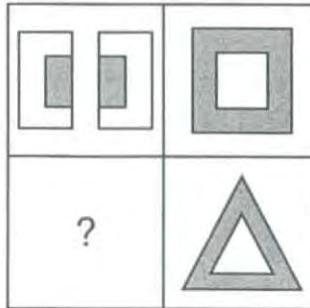
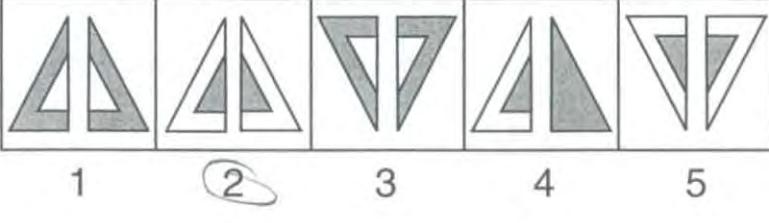
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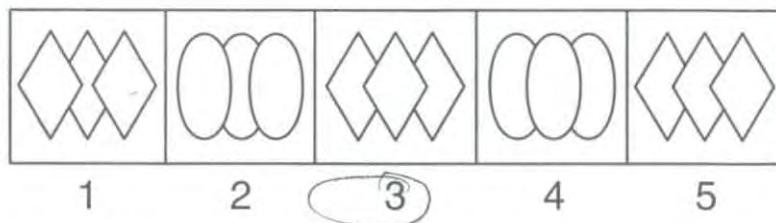
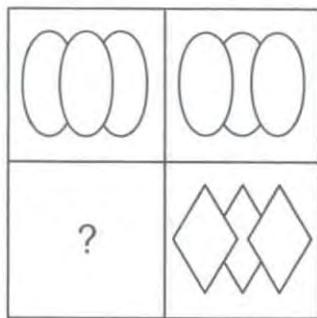
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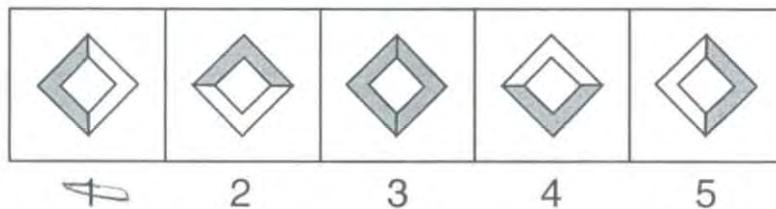
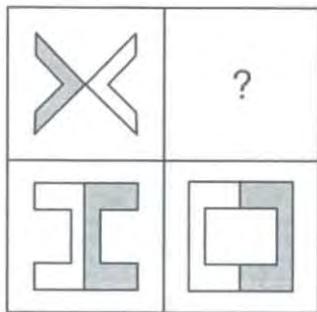
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10.  

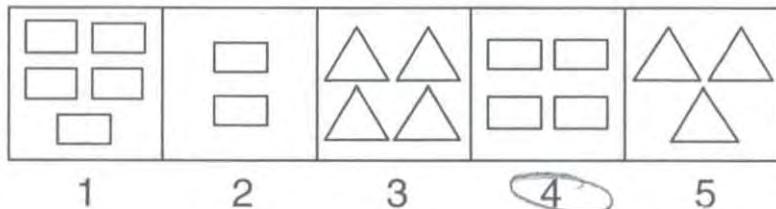
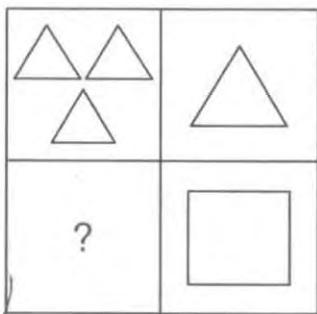
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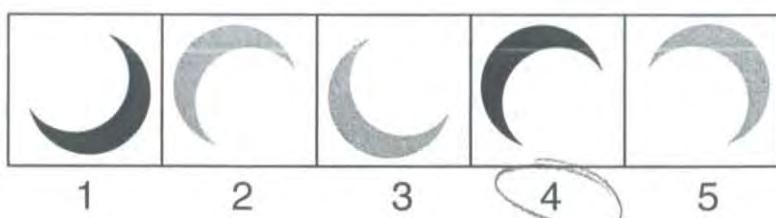
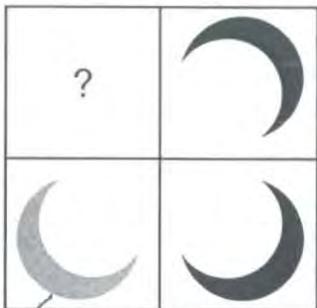
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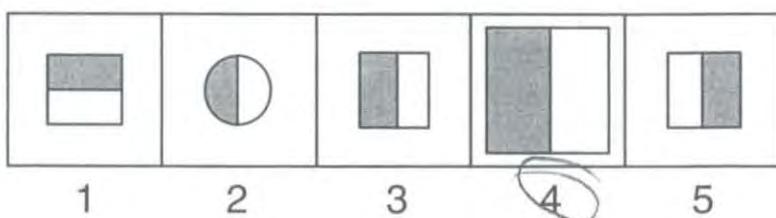
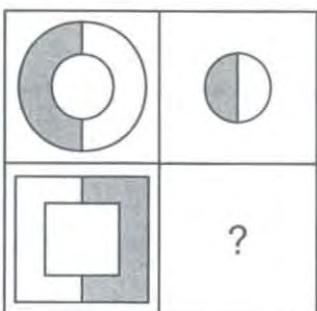
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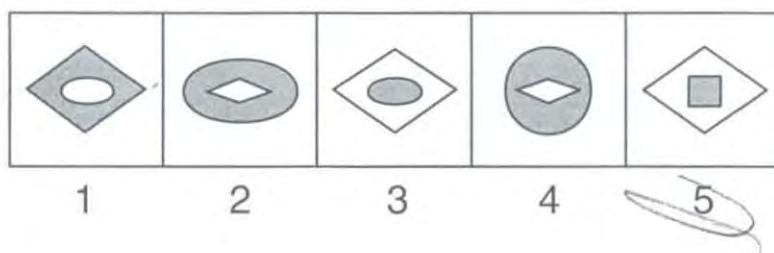
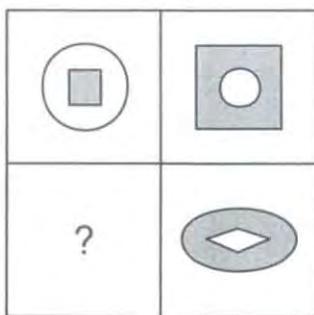


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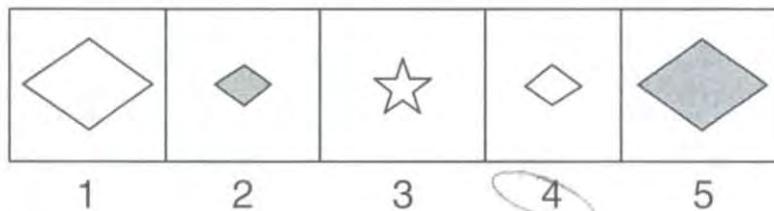
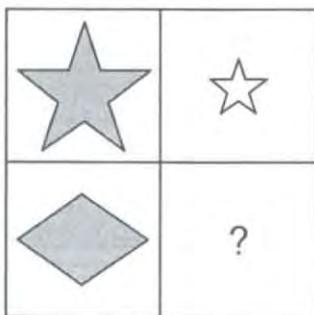
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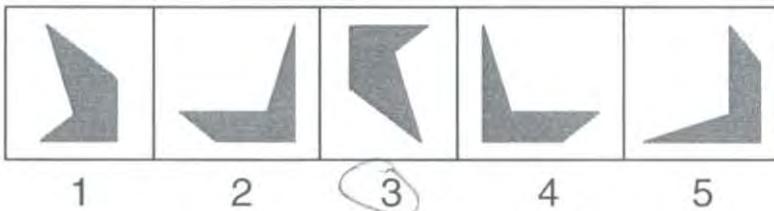
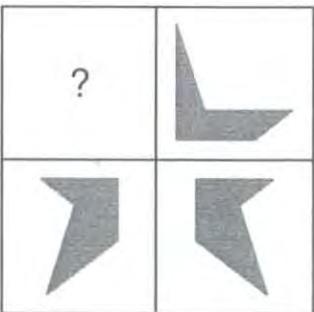
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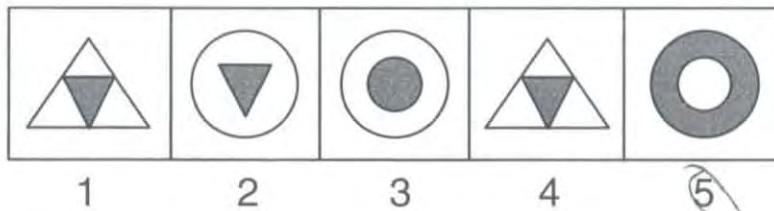
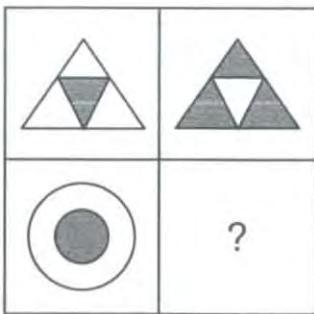
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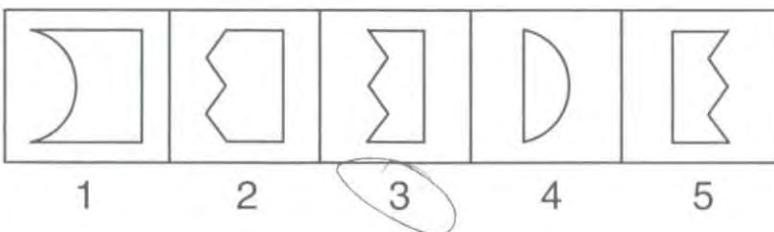
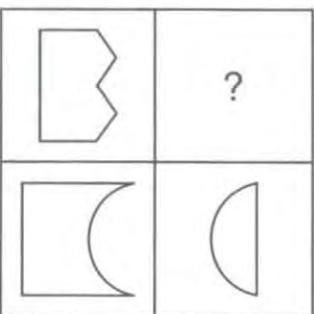
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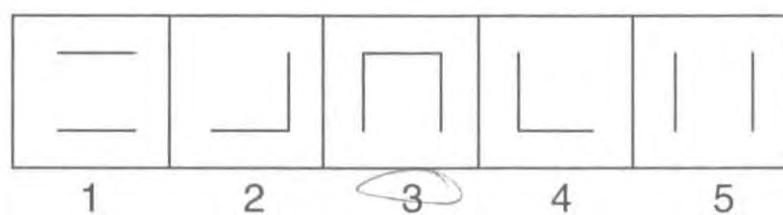
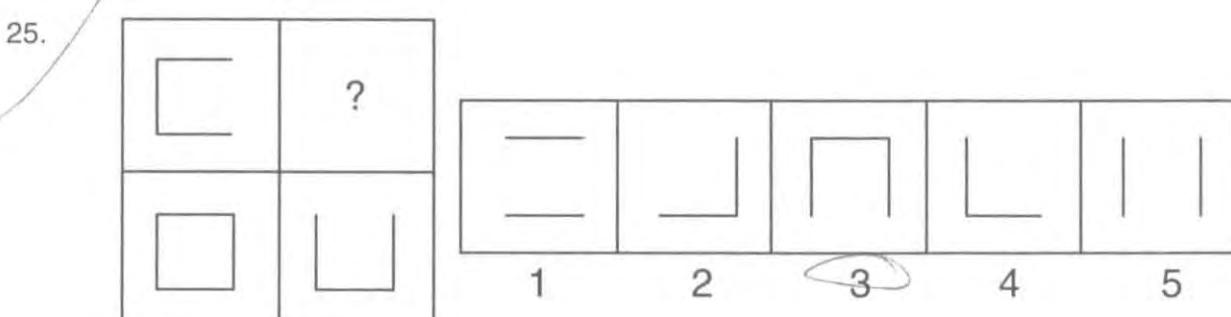
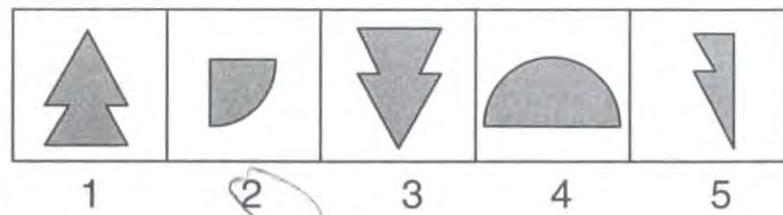
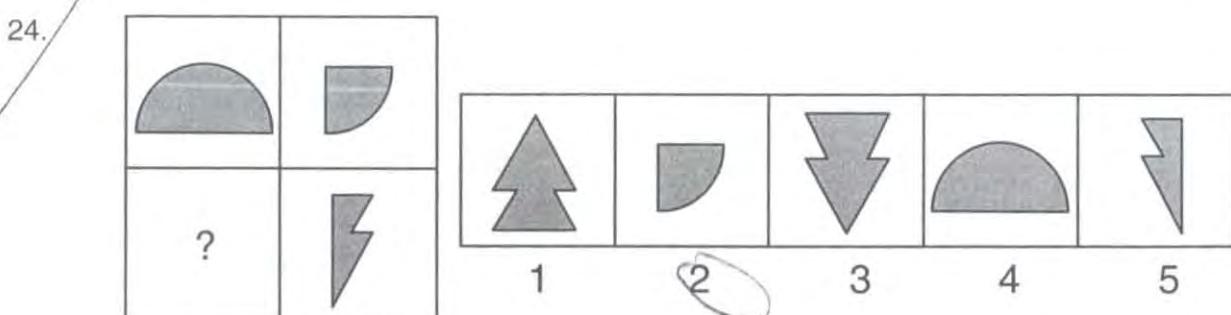
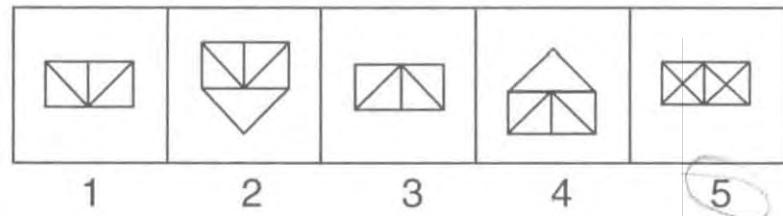
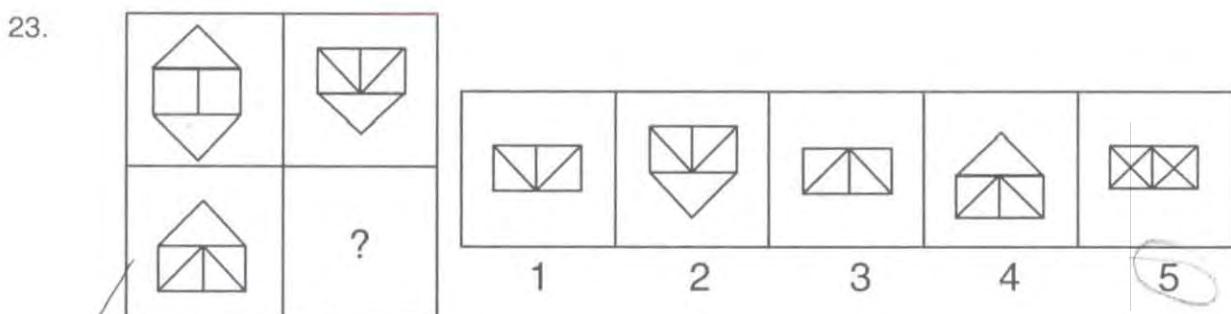
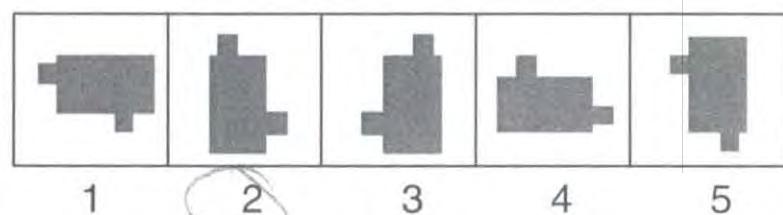
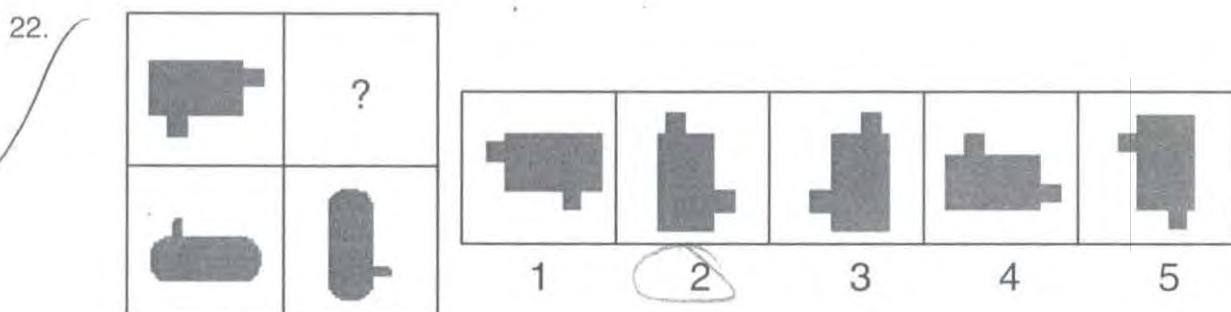
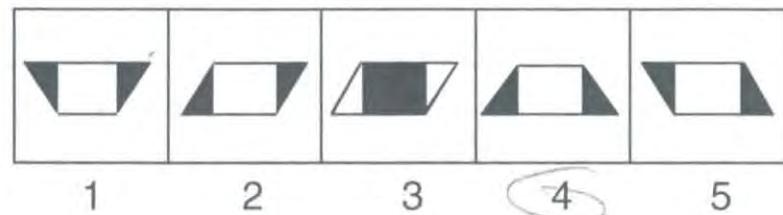
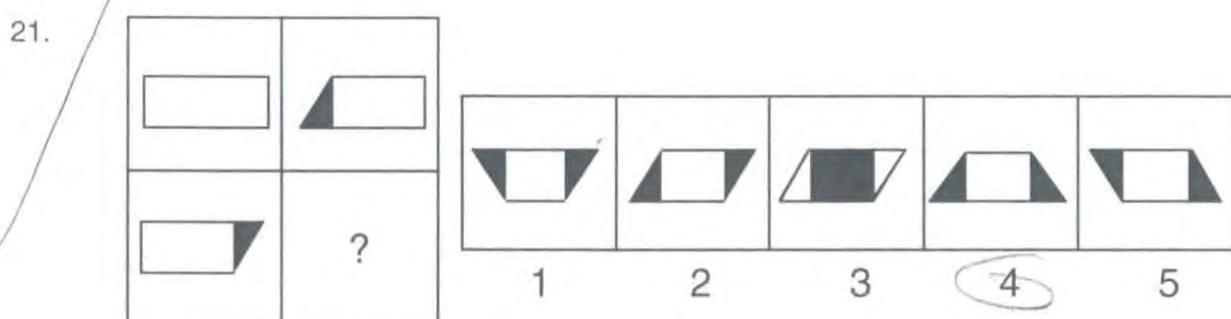


5

20.



3

Test 5 (continued)

WRAT3

WIDE RANGE ACHIEVEMENT TEST REVISION 3

NAME Porter TS8359 GENDER: M F
 DATE _____ BIRTH DATE _____ AGE 21
 SCHOOL _____ GRADE _____
 REFERRED BY _____ EXAMINER _____

BLUE TEST SCORES

	Raw Score	Std. Score	%ile	Grade Score	Absolute Score
READING	83	4.0			
SPELLING					
ARITHMETIC					

Use only standard scores for comparisons

by Gary S. Wilkinson

SPELLING/A MEASURE OF WRITTEN ENCODING

NAME _____ (1&2)

(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
1.	16.								31.			
2.	17.								32.			
3.	18.								33.			
4.	19.								34.			
5.	20.								35.			
6.	21.								36.			
7.	22.								37.			
8.	23.								38.			
9.	24.								39.			
10.	25.								40.			
11.	26.											
12.	27.											
13.	28.											
14.	29.											
15.	30.											

5/10 RULES

Name/Letter Writing	<input type="checkbox"/>
Word Spelling	<input type="checkbox"/>
Total Spelling	<input type="checkbox"/>

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Code001172

WIDE RANGE

WRAT 3 ARITHMETIC/A MEASURE OF NUMBER COMPUTATIONS



41

17

6

5

3

3 Fingers

8 Fingers

9 or 6?

42 or 28?

3 pennies, spend 1?

3 + 4 apples?

9 marbles, lose 3?

(15)

REDUCE ALL ANSWERS TO LOWEST TERMS

$$1 + 1 = \underline{\quad}$$

$$\frac{5}{-1}$$

$$2 + 7 = \underline{\quad}$$

$$8 - 4 = \underline{\quad}$$

$$\begin{array}{r} 32 \\ 24 \\ +40 \\ \hline \end{array}$$

1

2

3

4

5

$$\begin{array}{r} 9 \\ + 3 \\ \hline \end{array}$$

$$\begin{array}{r} 36 \\ - 15 \\ \hline \end{array}$$

$$3 \times 4 = \underline{\quad}$$

$$\begin{array}{r} 68 \\ + 23 \\ \hline \end{array}$$

$$\begin{array}{r} 7 \\ \times 6 \\ \hline \end{array}$$

6

7

8

9

10

$$\begin{array}{r} 23 \\ \times 3 \\ \hline \end{array}$$

$$\begin{array}{r} 33 \\ - 17 \\ \hline \end{array}$$

$$6 \div 2 = \underline{\quad}$$

$$4 \overline{)16}$$

$$\begin{array}{r} 17 \\ \times 4 \\ \hline \end{array}$$

11

12

13

14

15

$$\begin{array}{r} 724 \\ - 597 \\ \hline \end{array}$$

$$\begin{array}{r} 229 \\ 5048 \\ 63 \\ + 1381 \\ \hline \end{array}$$

$$\frac{15}{5} = \underline{\quad}$$

$$9 \overline{)4527}$$

$$\frac{1}{3} + \frac{1}{3} = \underline{\quad}$$

16

17

18

19

20

$$2\frac{1}{2} + 1\frac{1}{2} = \underline{\quad}$$

$$\begin{array}{r} 823 \\ \times 96 \\ \hline \end{array}$$

$$.42 = \underline{\quad} \%$$

$$\frac{1}{4} \times \frac{1}{2} = \underline{\quad}$$

$$\begin{array}{r} 38 \\ \times 2.4 \\ \hline \end{array}$$

21

22

23

24

Cade001173

Go to Next Page

WRAT 3 ARITHMETIC/A MEASURE OF NUMBER COMPUTATIONS

$$\frac{3}{10} \div \frac{3}{4} =$$

Ans: _____

$$6\frac{1}{4}$$

$$\begin{array}{r} 1\frac{5}{8} \\ + 4\frac{1}{2} \\ \hline \end{array}$$

$$\frac{2}{5} \text{ of } 35 =$$

$$27 \overline{)384}$$

$$\begin{array}{r} 6.23 \\ \times 12.7 \\ \hline \end{array}$$

26

27

28

29

30

$$2 - \frac{1}{4} =$$

$$10\frac{1}{4}$$

$$- 7\frac{2}{3}$$

Add:

$$\begin{array}{r} -X - Y - 23 \\ X - Y + 22 \\ \hline \end{array}$$

$$15\% \text{ of } 175 =$$

Ans: _____

Write as common fraction in lowest terms:

$$.075 =$$

$$\frac{r^2 - 5r - 6}{r + 1}$$

$$3p - q = 10$$

$$2p - q = 7$$

$$p = \underline{\hspace{2cm}} \quad q = \underline{\hspace{2cm}}$$

Ans: _____

Reduce:

$$\frac{K^2 + K}{K^2} \cdot \frac{3K - 3}{K^2 - 1}$$

$$f(x) = 3x^2 + x - 7$$

Find $f(-2)$

33

34

35

Ans: _____

Ans: _____

36

37

38

39

40

5 RULE / 15 MINUTES

Oral Arithmetic

+ Written Arithmetic

= Total Arithmetic

Code001174

WRAT 3 READING/A MEASURE OF WRITTEN DECODING

CAUTION: EXAMINER USE ONLY!

A B O S E R T H U P I V Z J Q

(15)

1 in in	2 cat kat	3 book buuk	4 tree tree
5 show how	6 animal an-i-mal	7 even ee-ven	8 spell spel
9 finger fing-ger	10 size siz	11 felt felt	12 split split
13 lame laym	14 stretch streh	15 bulk bulk	16 abuse a-byoos, -byooz
17 contemporary kön-tem-pō-ter-ee	18 collapse kō-laps	19 contagious kon-tay-jüs	20 triumph tri-umf
21 alcove al-kohv	22 bibliography bib-li-og-rā-fee	23 horizon hō-rī-zōn	24 municipal myoo-nis-ī-pal
25 unanimous yoo-nan-ī-müs	26 benign bi-nīn	27 discretionary di-skresh-ō-ner-ee	28 stratagem strat-ā-jem
29 seismograph sīz-mō-graf	30 heresy her-ē-see	31 itinerary ī-tin-ē-rer-ee	32 usurp yoo-surp, -zurp
33 irascible i-ras-ī-bel	34 pseudonym soo-dō-nim	35 oligarchy ol-i-gahr-kee	36 covetousness kuv-ē-tüs-nes
37 heinous hay-nüs	38 egregious i-gree-jüs	39 omniscient om-nish-ēnt	
40 assuage ā-swayj	41 disingenuous dis-in-jen-yoo-üs	42 terpsichorean turp-sī-kō-ree-ān	
5/10 RULES			

Letter Reading	15
Word Reading	18
Total Reading	33

OBSERVATIONS/REMARKS:

INITIAL RECEPTION MENTAL HEALTH QUESTIONNAIRE						
Date	10/15/10	Arrival Date	9/30/10	Received From	Lancaster	
Custody Level:	Smoker		YES NO	Current Offense	PWID	
Sentence	9.18		Minimum Sentence			
Parole Violator?	YES	NO	If yes, how long on street?			
Separations?	YES	NO	Verified?	YES NO	Who?	
Security Concerns?	YES	NO	What?			
PSYCHIATRIC MEDICAL HISTORY						
Have you ever tried to hurt or kill yourself?	YES	NO	Dates			
Have you, at any time in your life, been seen by a psychiatrist?	YES	NO	Dates	by Dr. C. - present		
Have you ever been a patient in a psychiatric hospital?	YES	NO	Date			
Why?			Where?			
Have you ever, or are you now taking any psychotropic or mental health medications?	YES	NO				
What are they?	Paxil, Xanax					
If you are a parole violator, did you receive mental health services while on the street?	YES	NO				
If yes, what?						
Other Mental Health Treatment						
SUBSTANCE ABUSE HISTORY AND TREATMENT						
Last time drugs and/or alcohol were used	2 mo - TNC					
Have you ever received treatment for substance abuse?	YES	NO				
If yes, when?	Where?					
EDUCATION HISTORY						
High School Graduate/GED?	YES	NO	Year	2010		
Were you receiving special education services?	YES	NO	Last Grade Completed: 11			
JOB PLACEMENT						
Previous Jobs:	MCDIS 4 mo; MCDIS - 2 mo; none prior					
Job Training/Work Skills Programs:						Completed: YES NO
Prison Job/Training Interest	barber a course					
SEXUAL ABUSE HISTORY						
Have you ever been sexually assaulted during a period of incarceration?	YES	NO				
Do you have concerns that you may be pressured into unwanted sexual activity while incarcerated?	YES	NO				
Have you ever been accused of sexually inappropriate behavior during a period of incarceration?	YES	NO	Convicted?	YES NO		
While on the street?	YES	NO	Arrested?	YES NO		
VIOLENCE POTENTIAL						
Prior assault convictions:	NO					
Prior assault misconducts:	NO					
What situations make you feel like being violent?	"disrespect," self defense					
<i>CKuman</i>			<i>PSS</i>			
Signature			Title			

Inmate Name: Porter, Laquan
 DOC#: 758359
 Date: 10/15/10

PV: Initial: Staff Initials: CR

Batterer's Quick Screening Instrument

1. Have you ever been convicted of a charge against a victim who is an intimate partner or former intimate partner? Yes No

2. *Are you currently serving time for any crime against an intimate partner or former intimate partner including:

- a) harassment
- b) simple assault
- c) aggravated assault
- d) murder
- e) kidnapping
- f) sexual assault
- g) simple assault
- h) stalking

Yes No
 Yes No

If yes, please list the charge(s) and victim(s).

3. Have you ever had a Protection From Abuse (PFA) Order placed against you? Yes No
 If yes, by whom?

Anthony Maldonado - dropped

If yes, did you violate the PFA? How many times?

10

4. Have you ever had a Restraining Order placed against you? Yes No
 If yes, by whom?

If yes, did you violate the Restraining Order? How many times?

5. Have the police ever been called to your home because of a violent incident/argument with your wife, paramour, girlfriend, or intimate partner? Yes No
 If yes, please explain the circumstances.

6. Have you ever been court mandated or recommended to attend Domestic Violence or Batterer's treatment programs? Yes No

7. Have you ever had your parole or probation violated due to an incident involving a current intimate partner, former intimate partner, girlfriend, paramour or spouse? Yes No

JS8359

CDCC INDIVIDUAL TREATMENT PLAN
CONFIDENTIAL TO BE PLACED
IN PSYCHIATRIC FILE MEDICAL RECORDS

NUMBER:

DATE: 8/11/11

CURRENT DIAGNOSIS: <i>Depression</i>		GBMI	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PSYCH MEDS: <i>Z</i>				
PSYCHIATRIC HISTORY				
HOSPITALIZATION: <i>5</i>				
SUICIDAL: <i>7</i>				
RECOMMENDED TREATMENT SERVICES				
SEX OFF.			D. ABUSE	
COUNSEL.			OTHER:	
ALC. ABUSE				
PREV. RESP. THERAPY	PRT:	NEXT PSYCH. CONTACT:		
	N/A			
SAT	DISCON.		NAME	
UNS	CONTINUE		DATE	
RECOMMENDED EDUC. REC. INST. PLACEMENT				
ICD-9 <i>29C.9 301.7</i>	<i>311.X 300.0</i>	SPEC. ED		GP
GAF	<i>5-55</i>	ESL		Z
IQ	<i>8C</i>	G.E.D.		O
ABE		POST HS		SNU
COMMENTS:				
<i>1) - 2015 2) 51 - 20 98 - 0-0-0 3) 5 - 00 - 75 98 - 00 -</i>				
PSYCHOLOGIST	<i>CDM</i>		PSYCHIATRIST	

INMATE SIGNATURE: *Kris Robins*

White Copy: Medical Records

Green Copy: Psychology

Canary Copy: Clinical Coordinator for Mental Health

Pink Copy: Psychiatry

NAME: LaQuan Parker DOB: 8 DATE: 10/5/10 BLOCK: B
 RECEPTION DATE: CDCC GRA/PIT: COUNTY JAIL: Lancaster MISCONDUCTS ANYWHERE? N/A
 EDUCATION: Diploma MARITAL STATUS: S M SPO / CL D: W CHILDREN: 2
 VISITS EXPECTED? YES / NO / MAYBE ANY FAMILY MEMBERS: Mom, Grandmom, Brother, Girl friend OTHERS: _____
 ARE IMMEDIATE FAMILY MEMBERS CURRENTLY IN TROUBLE WITH THE LAW? YES IF SO, WHOM: NO
 ARE IMMEDIATE FAMILY MEMBERS CURRENTLY IN JAIL/PRISON? YES / NO IF SO, WHOM: No
 IF AND WHEN YOU LEAVE PRISON, WILL YOU BE LIVING WITH ANY OF YOUR IMMEDIATE FAMILY MEMBERS? YES / NO IF YES, WHOM: Mom
 RESIDENCE: now COUNTY OF ARREST: Lancaster GANG MEMBERSHIP: N/A
 CHARGES: 2x Robbery drug charges and burglary
↳ people - gun.
 PLEA: _____ TIME: _____ FIRST STATE: YES NO
 JUVENILE ARREST/CONVICTIONS: (A) _____ (C) yes drugs PLACEMENTS: _____
 ADULT ARREST/CONVICTIONS: (A) _____ (C) _____ JAIL TIME: _____
 DETAINERS: _____ ESCAPE: _____ SEXUAL PROBLEMS: _____
 PSYCHIATRIC HISTORY: N/H - friends voice saying "par. things" - out w/ hard
4 - Gpe - no N/H.
 SUICIDE: suicidal, oddball, dx- bip d/o, AD/HD, anxiety
 MEDICAL: dad- hip naAD steroids DRUG AND ALCOHOL: TNC - weekly
 EMPLOYMENT HISTORY: WACI
 MILITARY HISTORY: _____
 PLANS: _____
 COMMENTS: INTERVIEW BEHAVIOR/IMPRESSIONS/RAPPORT/ETC: rop 2 wd
55
no bds